

News from the

**U.S. Senate Committee on
Health, Education, Labor and Pensions**

Michael B. Enzi (Wyoming), Chairman



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***RYAN WHITE AIDS ACT MUST BETTER MEET HIV/AIDS NEEDS
OF WOMEN, MINORITIES, RURAL CITIZENS, ENZI SAYS***

Washington, D.C. - U.S. Senator Mike Enzi (R-WY), Chairman of the Senate Health, Education, Labor and Pensions Committee (HELP Committee) today said he will target and work to reform funding provisions in the Ryan White Comprehensive AIDS Resources Emergency Act” (RWCA) to ensure that people who are most in need of HIV and AIDS care are better served.

“Congress passed the Ryan White CARE Act to protect and support those battling HIV and AIDS so they could live normal lives without fear of discrimination, rejection, and abuse,” Enzi said. However, he emphasized that there is still significant work to be done to improve the Act.

“Federal resources for HIV, including those provided by the Ryan White CARE Act, should go where the epidemic is today and will be tomorrow, not where it was a decade ago,” Enzi said Wednesday, during a hearing focused on the upcoming reauthorization of RWCA. “This disease affects more women, minorities, and people from rural areas than ever before, yet funding provisions limit the services available to some Americans based on their gender, race, or where they live.”

The Ryan White CARE Act was initiated in 1990 to provide treatment and care for individuals suffering from HIV/AIDS. These funds are distributed using formulas based on the number of HIV/AIDS cases within a geographic jurisdiction. However, a Government Accountability Office report (GAO-06-332), released yesterday, confirms the need to revise funding formulas used under the CARE Act.

According to the report, the formulas do not accurately reflect the number of persons living with HIV/AIDS within each jurisdiction. Although the program allocates grant monies to treat persons diagnosed with HIV, as well as those with AIDS, the formulas used to determine funding take into account only cases that have progressed to AIDS. Had HIV and AIDS cases been incorporated into these formulas, funding would have shifted dramatically to the South, the Midwest, and rural areas.

Also, under the current funding formula, states with at least one Eligible Metropolitan Area (EMA) receive significantly more funding than those with none. The GAO report notes that last year, under the current funding formula, states with one EMA can receive as much as \$4,954 per case in RWCA funding, while those without an EMA can receive as little \$3,340 per case.

“We must work to improve measures of accountability, save lives through treatment, and enhance methods used to target funding so that these populations are not under-served or under-funded so that all Americans have access to quality care,” Enzi said. “As we begin reauthorizing the CARE Act, we must recognize the evolving nature of the disease and the changing needs of persons infected with or affected by it to ensure equitable treatment for all Americans infected with HIV.”

Enzi noted that more African Americans are infected with and dying from HIV/AIDS than any other ethnic group in the United States. They represent half of all HIV/AIDS diagnoses in 2004, compared to only 25 percent in 1986. African American women are particularly affected by the disease: they make up two-thirds of new HIV/AIDS case among women.

He also emphasized the need to target funding to the South, where seven of the states with the ten highest HIV/AIDS rates are located, as well as to rural areas of the West and Midwest.

“While we have made significant progress throughout the world, there is still much more to do to save lives through education and treatment,” Enzi said. “Until we find the ultimate cure, however, we must ensure that those infected with HIV receive our support and our compassion.”

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